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|---|--|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |  | Docket Number (Optional)<br>320528221US  |                         |
| Application Number 09/972,870-Conf. #5585   |  | Filed October 10, 2001   |                         |
| For OPTICAL MEDIA DEVICE FOR PROCESSING VIDEO AND/OR AUDIO DATA FROM A MEMORY CARD  |  |  |                         |
| Art Unit 2621   |  | Examiner J. A. Fletcher  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |                         |
|   |  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))  | \$120  | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$460  | \$230 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))   | \$1050   | \$525 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1640   | \$820 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2230   | \$1115 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.   |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.  |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge fees which may be required to EFT Account No. SEA1PIRM.                      |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any deficiencies or credit any overpayment to Deposit Account Number 50-0665 |  |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |  |  |                         |
| I am the  | <input type="checkbox"/>   | applicant/inventor.  |                         |
|   | <input type="checkbox"/>   | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>  | attorney or agent of record. Registration Number 54,675  |                         |
|   | <input type="checkbox"/>   | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                                      |                         |
| _____<br>Signature<br>Aaron J. Poledna<br>Typed or printed name   |  | _____<br>March 3, 2008<br>Date<br>(206) 359-8000<br>Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |  |                         |
| <input checked="" type="checkbox"/>   | Total of 1 forms are submitted.  |  |                         |